

# Self Direction in the Supports Waiver; Summary of the Model

## *The Purpose*

- 1) To support participants who choose to live in their own home or with their family, with a flexible service array, as an alternative to out-of-home congregate settings (provider operated/owned) ; and
- 2) To provide participants with the opportunity and the supports and services needed to self direct their own services; and
- 3) To support participants who want more control over their services and who are interested in taking more of an active role in the management of their services and supports; and
- 4) To support participants choice in building community networks, resources, relationships and lifestyles.

The model of self direction within the CAP-MR/DD Supports Waiver is one of *Agency of Choice*.

With *the Agency of Choice* model there is a Financial Management Service agency (FMS). The participant is the managing employee with the FMS serving in the role as primary employer. The services provided by the FMS include activities required for qualifying staff/workers, payroll and insurance requirements. The Financial Management Service (FMS) agency serves as the *employer of record* for staff/workers selected by the participant, pending compliance with employment verification standards. The participant or representative refers potential staff/workers to the Financial Management Services agency (FMS) for hire, participates in training and setting terms and conditions of work, and provides supervision of staff's activities. The Financial Management Service agency (FMS) may provide supportive services to participants or staff/workers.

The participant is considered the managing employer of all staff/workers who they choose to work for them for services designated as available under self direction. The Community Resource Consultant (CRC) advises and assists the participant in how to direct services. The Community Resource Consultant also trains, advises, and assists the participant in how to carry out the responsibilities of an employer and all related functions to include; financial accountability (including payback for non-authorized services); interviewing skills; ensuring the staff have proper individualized training; employee evaluation and if needed, how to terminate an employee.

The self direction option is designed to offer a participant the opportunity to direct some or all of their services, subject to the criteria specified by the State. Participants may choose to include a non-paid representative to act on their behalf. The non-paid representative **may not** be the paid staff/worker for the participant. The participant must approve and agree upon the person selected to act in this capacity. Alternate service delivery methods are available for participants who decide not to direct their services. Those participants who do not self direct their supports/services will utilize the provider directed model of service delivery.

All individuals who engage in self direction are required to receive *Community Resource Consultant (CRC)* services and *Financial Management Services (FMS)*. These services are funded as administrative costs and therefore are not reflected as a service in the individual's budget/cost summary and do not count against the annual cost limit of the Supports waiver. The maximum benefit of the Supports Waiver is \$17,500 per year, inclusive of any/all services the participant receives (self directed and provider directed).

### ***Participant Guidance for Self Direction***

Participants who have an interest in directing their own services will be assessed to determine risks and support needs related to self direction. (This process is under construction.)

Budgets for participants who received Supports waiver services in the past year will be individualized based upon the previous years cost summary of services. Budgets for new participants in the Supports waiver will be individualized based upon the support needs indicated in the Person Centered Plan. Utilization review for all initial, annual and revised Person Centered Plans for individuals who engage in self direction will be conducted by DMH/DD/SAS.

A variety of services may be included in the Person Centered Plan of a participant in self direction. The only services that are available for self direction include:

- Personal Care
- Respite Services
- Transportation
- Participant/Natural Support Training and Education Services
- Home and Community Support Services
- Individual Goods and Services

A number of other agency-directed services are also available to individuals who engage in self direction including:

- Augmentative Communication
- Home Modifications
- Specialized Equipment and Supplies
- Personal Emergency Response System
- Vehicle Adaptations
- Adult Day Health
- Day Supports
- Long Term Vocational Support
- Specialized Consultative Services
- Crisis Respite
- Crisis Services
- Behavioral Consultation
- Supportive Employment

## ***Roles and Responsibilities***

### **Participants and their Representatives**

The participant (or the participant's representative) has decision making authority over workers/staff that provide self directed services/supports. The participant's responsibilities include:

- Recruiting/interviewing/choosing/hiring the support staff to provide services and supports.
- Determining staff duties consistent with the service specifications & orient and instruct support staff in duties and schedule.
- Supervising and evaluating their support staff.
- Negotiating pay rates.
- Verifying time worked by staff and approving time sheets.
- Releasing/terminating support staff if necessary.
- Ensuring financial accountability for the funds authorized up to \$17,500.
- Engaging in a working arrangement with the Financial Management Service agency (FMS) who pays (the participant's) staff and handles federal/state taxes and other payroll or benefits related to employment of the support person.
- Selecting a representative as a decision-maker for the participant, if desired.

If a participant in self direction chooses a representative as a decision maker, that representative shall be informed of their rights and responsibilities. The representative shall sign an agreement that includes the following:

- The representative may NOT also be the paid caregiver (i.e. Case Manager; Community Resource Consultant, Personal Care staff/ worker); guardian (any type) or family member of the participant.
- Understanding and respect of the role and responsibilities of being the participant's representative and agreement to abide by program policies and procedures.
- Understanding and support of the role and responsibilities of the participant.
- Understanding of the role and responsibilities of Financial Management Services agency as the employer of record on behalf of the participant.
- A statement that the representative shall include the participant as fully as possible in the decision-making process related to the services and supports the participant receives and those who provide them.
- The representative is approved and agreed upon by the participant to act in this capacity.

**The state may require a participant to utilize a representative in situations as specified by the state, such as, when the participant's health and/or safety risks are elevated.**

The Local Management Entity (LME), Case Manager, Community Resource Consultant and Financial Management Services agency shall recognize a participant's representative as the decision-maker for the participant and provide the representative with all the services, information, training, and support it would provide to a participant.

## **Financial Management Service agency (FMS)**

North Carolina will select a vendor to provide Financial Management Services through a Request for Proposal (RFP) process. The Financial Management Services agency will sign the provider agreement with the Department of Health and Human Services. Individuals who engage in self direction must receive FMS only through the State selected vendor.

Payment for the FMS services will be on a fee for service basis. The FMS can not bill more than 100 units (average of 25 hours for 12 months) per individual enrolled in Self-Direction per waiver year. Criteria will be established for exceptions to the limit of units.

### **The scope and responsibilities of FMS include:**

- Advising the participant on need and availability of insurance
- Providing support when the participant is the employer of direct staff/workers.
- Assisting participant in verification of staff/ worker citizenship status.
- Preparing paychecks for all staff/workers as approved by the participant and/or representative.
- Deducting required federal, state, and local taxes, including unemployment fees, prior to issuing reimbursement or paycheck.
- Administrating benefits for staff/workers.
- .Verifying qualifications of professional staff and vendors.
- Conducting criminal background checks, driver's license checks, if the staff/ worker will be required to drive.
- Conducting other background checks and age verifications of providers of self directed services.
- Collecting and processing timesheets of staff/workers.
- Processing payroll, withholding, filing and payment of applicable federal, state and local employment-related taxes and insurance.

The FMS furnishes the following supports for the participant that exercises budget authority:

- Maintaining a separate account for each participant's participant-directed budget.
- Tracking and reporting participant funds, disbursements and the balance of participant funds.
- Processing and paying invoices for goods and services approved in the PCP funds.
- Providing participant with periodic reports of expenditures and the status of the participant-directed budget.
- Executing and holding Medicaid provider agreements as authorized under a written agreement with the Medicaid agency.
- Receiving and disbursing funds for the payment of participant-directed services under an agreement with the Medicaid agency or operating agency.
- Providing other entities specified by the State with periodic reports of expenditures and the status of the participant-directed budget.

The Division of Mental Health/Developmental Disabilities and Substance Abuse Services, in collaboration with other DHHS divisions, shall be responsible for monitoring and maintenance of the

contract with the Financial Management Services agency. The Division of Medical Assistance is considered the business owner of the contract with the FMS and works collaboratively with other DHHS uses of the FMS agency.

Standard contract monitoring principles will apply including:

- Quarterly on site visits with the FMS to review the business flows and quality measures developed by the FMS to the standards of the Division.
- Monthly review of Financial Review Statements.
- Annual survey to the participants who are self directing to ascertain issues, trends or areas needing corrections.
- Division review of the quality standards developed by the FMS.
- Review of the FMS customer service calls/complaints on a monthly basis.

A report will be generated on a quarterly basis by the contract manager at the DHHS indicating the results of the quality review of the FMS. If there are significant concerns of customer service or fiscal integrity, intervention by the contracted agency will occur. Sanctions, including monetary or termination of contract will be implemented, if warranted.

### **Community Resource Consultant (CRC) Responsibilities**

Due to the nature of the self directed model it is inherent that the participant be able to identify the type of support, frequency, and duration of the supports they need. Support and assistance will be provided to the participant by the Community Resource Consultant. The CRC is expected to be knowledgeable in the non-traditional delivery of services and supports, knowledgeable and engaged with the non-disabled community, and have a strong aptitude for networking and assisting others with learning skills related to networking and community integration. The CRC is responsible for assisting the participant with learning skills related to community engagement, networking and relationship building. The Community Resource Consultant will inform the LME and the Financial Management Service agency and support the participant in identifying provider directed services and supports that will meet the needs of the participant.

This service is an option only for participants who have elected to self-direct at least one waiver service. The participant shall determine the amount of Community Resource Consultant service (within specified parameters) and the functions that the Community Resource Consultant will conduct. Specific functions consist of:

- Support and assist in exploration of traditional and non traditional service/support options
- Support and assist in development of non traditional service support options
- Support and assist in linkage with non paid supports and assisting the participant in engaging those non paid supports to the interest of the participant.
- Guidance with management of funds through coordination with the Financial Management Service agency (FMS) and case manager;
- Providing information on recruiting, hiring, managing, training, evaluating, and changing support staff;
- Support and assistance with developing schedules, training and outlining duties of staff;

- Support and assistance with understanding provider qualifications and record keeping requirements;
- Instruction and counseling to guide the participant in problem solving and decision making as well as developing supportive relationship that promotes implementation of the Person Centered Plan;
- Providing on-going information to assure that participants and their families/representatives understand the responsibilities involved with participant direction including reporting on expenditures and other relevant information and training; and
- Advocacy on behalf of the participant
- Assisting the participant and non paid representative in the area of negotiating of direct care staff rates,
- Work in coordination with the other members of the participants' support team including the primary lead, the case manager.
- Have the necessary skills to support and assist in the utilization of enhanced/advanced planning tools such as Circle of Supports, PATH, other life mapping processes, etc. to help the participant ascertain their self directed life.

## Community Resource Consultant Qualifications

- Staff must be knowledgeable regarding the Self-Directed service model.
- Staff must be knowledgeable and enrolled in the non-disabled community and have a strong aptitude for networking and assisting others with learning skills related to networking and community integration.
- Staff must have skills in the development of non-traditional service/support options
- Staff must have the necessary skills and knowledge to utilize enhanced/advanced life planning tools such as Essential Lifestyle Planning, Circle of Supports, PATH, other life mapping processes.
- Staff must meet the requirements for a Qualified Developmental Disabilities Professional per 10A NCAC 27G .0104 (19).
- Staff must meet participant specific competencies as identified by the participant's person-centered planning team and documented in the Person Centered Plan.
- Staff must successfully complete First Aid, CPR and DMH/DD/SAS Core Competencies and required refresher training.
- Must have a criminal record check
- A healthcare registry check as required in accordance with 10A NCAC 27G.0200
- If providing transportation, have a valid North Carolina driver's license, a safe driving record and an acceptable level of automobile liability insurance

## Case Management Responsibilities

Case management services are available under the Medicaid State Plan (SPA).

The responsibilities of the Case Manager include:

1. Providing information<sup>1</sup> to participants/legally responsible persons/ non paid representatives/families regarding self direction to include;

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<sup>1</sup> See **Information Furnished to Participant** shown below.

- The option to direct services and supports during the assessment and Person Centered planning process.
  - The roles and responsibilities associated with self direction.
  - How to alter the decision to participate in self direction and receive provider/agency managed services for which they are eligible;
  - Choosing a non-paid representative to assist with making decisions and directing services and supports, or using a legal representative of the participant to assist with these functions.
  - The role of the Financial Management Service agency.
2. Explaining the methodology for resource allocation, total dollar value of the allocation (not to exceed \$17,500.00 per year) and mechanisms available to the individual/representative to modify their individual budget.
  3. Assessing and addressing individual risks.
  4. Monitoring the participant's situation to assure quality care and the health, safety, and well being of the person as well as the continued appropriateness of services and supports, including monitoring of:
    - The person centered plan
    - Resource allocation model
    - Individualized budget
    - Financial Management Services
    - Provision of Community Resource Consultant services
  5. Identifying the need for a representative for the participant who desires to direct his/her own services and supports, and assuring that the representative meets established criteria to assist the participant to self direct their supports/services.
  6. Monitoring the assistance to the participant given by the representative on an ongoing basis to assure that the representative acts in the best interest of the participant.
  7. Ensuring that the Person Centered Plan identifies how emergency back-up services will be furnished for workers employed by the individual, and authorizing the provision of on-call emergency back-up services.
  8. Recognizing and reporting critical incidents.
  9. Assisting with grievances and appeals.
  10. Assisting and supporting the participant in transitioning to the provider directed model, if the participant decides that they no longer desire to continue to self direct their supports/services or for those participants who have been unable to maintain budget authority.
  11. Monitoring the need for enhanced supports/services that may no longer be maintained under the authorization of up to \$17,500.00.

Participants enrolled in self direction will receive monthly face to face monitoring visits from the case manager to ensure that needed services and supports are being provided in accordance with the Person Centered Plan. The monitoring visits will include reviews of the activities of the Community Resource Consultant and reviews of the participant and the participant's representative's satisfaction with the Community Resource Consultant's services/supports.

If problems arise related to self direction that may impact health, safety and the well being of the participant the Case Manager will work with the participant and/or the representative to resolve

the issues. The Case Manager will work to identify additional supports in self direction, including working with the Financial Management Services agency and Community Resource Consultant to ensure services and supports are coordinated as needed.

### **Information Furnished to the Participant**

A comprehensive set of materials will be used to assist participants in learning about self direction. These materials include:

- An informational brochure.
- A guide for directing one's own services.
- A power point presentation.
- A video of the delivery of the power point presentation on the DMH/DD/SAS website.

Participants will also be informed of all of the roles and responsibilities associated with self direction, including but not limited to:

- Working with the Financial Management Service agency.
- Working with a Community Resource Consultant.
- Managing an individual budget.
- Identifying legal and financial obligations as an employer of individual providers.
- Hiring and supervising individual providers and staff.
- Identifying potential benefits and risks to self direction.

### ***Termination of a Participant's Enrollment in Self Direction***

Several situations may result in termination of a participant's enrollment in self directed services, including voluntary termination, exceeding maximum allocation of funds, the participant's inability to self direct and refusal to name a representative, and/or the illegal or fraudulent use of Medicaid funds. In the event of termination of a participant's option to self direct services (voluntary or involuntary) this **does not** result in the termination from the Supports waiver. The participant will continue to receive Supports waiver funding. Involvement in self direction is optional and does not affect the status of waiver funding.

**The state may require a participant to utilize a representative in situations as specified by the state, such as, when the participant's health and/or safety risks are elevated.**

### **Voluntary termination**

If a participant no longer chooses to self direct services, the Case Manager will assist the participant in identifying provider directed services available to meet the needs of the participant. The Case Manager is responsible for coordinating this process with the LME, and the Financial Management Service agency.

Once a participant terminates from the self directed model, the Community Resource Consultant will no longer be an available service.



## **Exceeding funding allocation**

Any time that the utilization of funds exceeds planned expenditure levels, the Financial Management Service agency will notify the participant, legally responsible person, and the case manager. The case manager will work monthly with the participant, and/or representative to resolve issues related to expenditures, and identify additional supports in participant direction. In the event that the utilization of funds continues to exceed planned expenditure levels and the participant is no longer able to maintain budget authority, the case manager will convene a team meeting to review the Person Centered Plan as appropriate and the choice of self direction of services and budget authority may be terminated.

## **Inability to self-direct and refusal to appoint a representative**

Participants will be required to select a representative to assist them with the responsibilities of self direction if they demonstrate the inability to self direct waiver services, such as misuse of funds, noncompliance with program rules or ongoing health/safety risk. If a participant refuses to select a representative or if the participant loses their representative and cannot locate a replacement, he or she will be required to transfer to the traditional model of provider-directed services. The case manager and the Community Resource Consultant will assist the participant in the transition.

## **Misuse of MEDICAID Funds**

Any confirmed activities which are determined to be illegal, or a fraudulent use of Medicaid funds will result in immediate termination from self direction and the participant will be moved to a provider directed model.

## **Transition from the Self Directive Option**

In any case, the case manager will assist and support the participant in transitioning to the provider directed model in the Supports waiver, another more appropriate waiver or to an ICF-MR facility. In all cases the case manager will be responsible for working with the participant and/or the representative in identifying service providers and ensuring that there is no lapse in service delivery as a result of termination of self direction option.

In the event of termination of a participant's option to engage in self direction the case manager will provide the participant information regarding appeal rights and due process and assist the participant with the appeal process if the participant chooses to appeal.